



- Give this completed form to your Payroll Department for processing. Changes will be effective the payroll period after your completed form is received.
- To change the allocation of your payroll deduction for your beneficiaries, please contact Learning Quest at 1-800-579-2203.

☐ Change amount of payroll deduction ☐ Cancel payroll deduction

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First name															Middle name														
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Last name																													
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U.S. Social Security number														Employee identification number															

The minimum investment per account is \$25 per month. Indicate the total amount to be deducted for all your beneficiaries from your paycheck **each** pay period.

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Amount of deduction per pay period

Give this completed form to your Payroll Department for processing. I hereby authorize the Director for the Division of Accounts and Reports for the State of Kansas to make biweekly payroll deductions from my wages in the amount indicated above. This authorization is effective at the beginning of the next payroll period following the date signed, and is to remain in effect until written authorization is received to cancel the deduction or my employment is terminated.

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Account owner signature and date

Use this account number followed by the employee's Social Security number when transmitting the payroll deduction.

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Account number

P.O. Box 29202 • Shawnee Mission, Kansas 66201-9202
Learning Quest Representative: 1-800-579-2203
www.learningquestsavings.com